

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011770

STATE FILE NUMBER

FILED APR 6 1959		Registration District No. 317		Primary Registration District No. 590		Registrar's No. 691	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Berkeley City				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hubbartt Nursing Home				Length of stay in 1b 10 months		d. STREET ADDRESS 4038 McPherson	
4. NAME OF DECEASED (Type or print) First Middle Last Joseph Kaiser				4. DATE OF DEATH Month Day Year March 14th 1959			
5. SEX M. <input checked="" type="checkbox"/> W. <input type="checkbox"/>		6. COLOR OR RACE W.		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 5th 1876	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		100. KIND OF BUSINESS OR INDUSTRY Machinist		11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME U.K.				14. MOTHER'S MAIDEN NAME U.K.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 489-10-2962		17. INFORMANT R.G. Dowd			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) Aortic + Mitral Insufficiency PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (d) 443x		INTERVAL BETWEEN ONSET AND DEATH 2 years		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE					
21. I attended the deceased from: 7/15/58 to 3/14/59 and last saw her alive on 3/2/59 Death occurred at 1:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated							22. DATE SIGNED 3/16/59
22a. SIGNATURE W. D. Dowd (Deputy or title)		22b. ADDRESS 917 Airport Rd		22c. DATE SIGNED 3/16/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-17-1959		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Missouri	
24. FUNERAL DIRECTOR Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. 3-16-59		26. REGISTRAR'S SIGNATURE John P. Murphy, M.D.	


(Licensed Embalmer's Statement on Reverse Side)

Dr. R. H. Gardner
917 Airport Rd.
2 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No. 4

P. O. Address 38402

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.